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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new non-provisional applications under 37 C.F.R. § 1.53(B))

Attorney Docket No. S01.12-1002/STL 11552.00

First Inventor or Application Identifier Declan Macken et al.

Title STRUCTURES FOR POLE-TIP ACTUATION

Express Mail Label No. EV 241978825 US

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

Address To:
Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

- | | | | |
|----|---|----|---|
| 1. | <input checked="" type="checkbox"/> *Fee Transmittal Form e.g., PTO/SB17)
(Submit an original and a duplicate for fee processing) | 7. | <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer program (Appendix) |
| 2. | <input type="checkbox"/> Applicant Claims small entity status | 8. | Nucleotide and/or Amino Acid Sequence Submission
(If applicable, all necessary) |
| 3. | <input checked="" type="checkbox"/> Specification [Total Sheets 24]
<i>(preferred arrangement set forth below</i>
- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (<i>if filed</i>)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure | a. | <input type="checkbox"/> Computer Readable Copy |
| 4. | <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. § 113) [Total Sheets 7] | b. | Specification Sequence Listing on:
i. <input type="checkbox"/> CD-ROM or CD-R (2 Copies); or
ii. <input type="checkbox"/> Paper |
| 5. | Oath or Declaration [Total Sheets 3]

a. <input checked="" type="checkbox"/> Newly executed (original or copy)
b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d))
<i>(for continuation/divisional with Box 18 completed)</i>
i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u>
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§1.63(d)(2) and 1.33(b). | c. | <input type="checkbox"/> Statement verifying identity of above copies |
| 6. | <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | 9. | <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) |

ACCOMPANYING APPLICATION PARTS

- | | | |
|-----|--|---|
| 10. | <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement | <input checked="" type="checkbox"/> Power of Attorney |
| 11. | <input type="checkbox"/> English Translation Document (if applicable) | |
| 12. | <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO – 1449 | <input checked="" type="checkbox"/> Copies of IDS Citations |
| 13. | <input type="checkbox"/> Preliminary Amendment | |
| 14. | <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
(Should be specifically itemized) | |
| 15. | <input type="checkbox"/> Certified Copy of Priority Document(s)
<i>(if foreign priority is claimed)</i> | |
| 16. | <input type="checkbox"/> Nonpublication Request Under 35 USC 122
(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent | |
| 17. | <input checked="" type="checkbox"/> Other: checks in the amount of \$860.00 and \$40.00 | |

18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in part (CIP)

of prior application No. /

Prior application information: Examiner _____ Group/Art Unit: _____

FOR CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE Customer Number or Bar Code Label

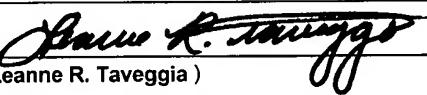
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Name (Print/type)	Leanne R. Taveggia			Registration No. (Attorney/Agent)	53,675
Signature				Date	10/22/03

FEE TRANSMITTAL

Complete If Known					
Application No.					
Filing Date			Herewith		
First Named Inventor			Declan Macken et al.		
Title			STRUCTURES FOR POLE-TIP ACTUATION		
Group Art Unit					
Examiner Name					
Total Amount of Payment \$860			Atty. Docket Number S01.12-1002/STL 11552.00		
METHOD OF PAYMENT (Check One)			FEE CALCULATION (Continued)		
1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fee required under 37 C.F.R. § 1.16 and 1.17, including any petition fee, and credit any over payments to Deposit Account No. <u>23-1123</u> . Westman, Champlin & Kelly, P.A. 2. <input checked="" type="checkbox"/> Check enclosed					
FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity		Small Entity			
Fee	Fee	Fee	Fee		
<u>Code</u>	<u>(\$)</u>	<u>Code</u>	<u>(\$)</u>	<u>Fee Description</u>	
1001	770	2001	385	<input checked="" type="checkbox"/> Utility Filing Fee	
1002	340	2002	170	<input type="checkbox"/> Design Filing Fee	
1004	770	2004	385	<input type="checkbox"/> Reissue Filing Fee	
1005	160	2005	80	<input type="checkbox"/> Prov. Filing Fee	
Subtotal (1) \$770					
2. EXTRA CLAIM FEES					
Number Claims	Prior**	Extra	Fee from Below	Fee Paid	
Total	25	20	5	18	90
Indep.	3	3	0	86	0
Multiple Dependent Claims					
** Insert 3 and 20, or number previously paid if greater; Reissue see below					
Large Entity		Small Entity			
Fee	Fee	Fee	Fee	<u>Description</u>	
<u>Code</u>	<u>(\$)</u>	<u>Code</u>	<u>(\$)</u>		
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple Dependent Claims	
1204	86	2204	43	Reissue Independent Claims over Original Patent	
1205	18	2205	9	Reissue claims in excess of 20 and over original patent	
Subtotal (2) \$90					
Subtotal (3) \$0					
Signature  (Leanne R. Taveggia)			Reg. No. <u>53,675</u>		
Date <u>October 22, 2003</u>			Deposit Account No. <u>23-1123</u>		